Effective on 12/08/2004.			Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						
FEE TRANSMITTAL			Application Number 10/540,956			
For FY 2009			g Date	3/13/200		
			First Named Inventor Kumar Tyagi et al. Examiner Name Vinod Kumar			
Applicant claims small entity status. See 37 CFR 1.27			iner Name		umar	
TOTAL AMOUNT OF PAYMENT (\$) 810 00			Art Unit 163		21056	
		Attor	ney Docket	4544 - 0	15 1956	
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order Other (please identify):						
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038,						
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES						
Small Entity Small						
Application Type Fee (\$) Fee (\$	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	<u>Fees</u>	Paid (\$)
Utility 330 82	540	270	220	110		
Design 220 110	100	50	140	70		
Plant 220 110	330	165	170	85		
Reissue 330 165	540	270	650	325		***************************************
Provisional 220 110	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity						Small Entity
Fee Description Fee (\$)					<u>Fee (\$)</u>	
Each claim over 20 (including Reissues) 52						26
Each independent claim over 3 (including Reissues)					220	110
Multiple dependent claims					390	195
Total Claims - 20 or HP Ext	a Claims Fo	<u>ee (\$)</u>	Fee Paid (\$)			Dependent Claims
HP = highest number of total claims paid for, if	reater than 20.		***************************************		<u>Fee (\$)</u>	Fee Paid (\$)
,		Foo (\$)	Fac Daid (f)			and Mary time and Market Control of Control
Indep. Claims - 3 or HP Ext		<u>ree (\$)</u> =	Fee Paid (\$)			
HP = highest number of independent claims paid						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under						
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
- 100 = /50 = (round up to a whole number) x =						
4. OTHER FEE(S)						Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): RCE - \$810.00						810.00
SUBMITTED BY						
Signature / Wind	ton o		egistration No. attorney/Agent)	22132	Telephone 4	112-471-8815
Name (Print/Type) William H. Logsdon Date January 9, 200						